large, or even well in it; usually not in the sound retina, when the detachment is small, and yet far enough away to get the beneficial effect of a vent. The further object of the two punctures is to avoid making the one so large and to facilitate gradual and prolonged filtration of the fluid out of the subretinal space. The openings are made with the galvano-cautery plunged in directly at right angles to the sclerotic, and not in such a way as to form a valve. The point, while white or red, should be held a moment in place without turning off the current, and gradually withdrawn. This burns a round hole which will not close as rapidly as one made with a knife or otherwise. He has seen it remain open six or eight weeks, in one case ten.

The new exudate will escape as fast as it is formed; usually the retina attaches itself at the periphery first, and lastly at the point of puncture. The reaction is never violent.

In none of the successful cases had the detachment lasted more than ten months. In the unsuccessful one the detachment had occurred with hemorrhage two years before it was treated.—*American Journal of Ophthalmology*, May, 1898.

Opacity of the Cornea.—G. A. BERRY (Edinburgh) recommends for the treatment of opacities of the cornea due to recent exudation massage of the cornea. This is best done through the lid. The lid is rubbed quickly and with gradually increasing force over the cornea for half a minute or more at a time, once or twice daily. To do this effectually the rubbing must give rise to a moderate degree of surrounding hyperæmia. The massage may be combined with the use of iodine ointment. Or a good, and not too strong, stimulating effect may be secured by the daily use of the following prescription:

℞.—Olei terebinth. . . . . ʒj.
Olei amygd. . . . . ʒij.
Sig.—Eye-drops.

—*Edinburgh Medical Journal*, April, 1898.

Orbital Cyst.—W. KLINGELHOFFER (Mannheim) reports the extirpation of a cyst from the orbit of a child, nine months old, by the method of Kronlein, which consists in temporary resection of the outer wall of the orbit. A careful incision was made, with its apex reaching the middle of the outer wall of the orbit, dividing the tissues down to the periosteum. The frontal and malar bones were chiselled toward the intra-orbital fissure and the included fragment displaced outward. In attempting to remove the cyst hemorrhage occurred, and it was opened. The cyst-wall was removed as far as possible, and two days later the remainder of the sac, which was firmly attached to the orbital fissure, was removed. The resected portion of the bone was then replaced, and the patient discharged well after two weeks. More than a year later examination of the child showed the eye markedly convergent, the pupil dilated and fixed, and the optic nerve pale, although the eye appeared to have some vision.—*Archives of Ophthalmology*, 1898, No. 1.

[When it is remembered that the chief claim of Kronlein's operation is that it is capable of effecting the removal of a tumor with the least disturbance to the eyeball and its accessory organs, the final result of this case scarcely seems to justify such a serious mutilation of sound tissue, especially when we bear in mind the great recuperative power of such a young child and the comparative accessibility of the depths of the orbit through the conjunctival space at that age.—E. J.]

HYGIENE AND PUBLIC HEALTH.

UNDER THE CHARGE OF
CHARLES HARRINGTON, M.D.,
ASSISTANT PROFESSOR OF HYGIENE, HARVARD MEDICAL SCHOOL
AND
EDWARD F. WILLOUGHBY, M.D.,
OF LONDON.

Disinfection with Formaldehyde.—The conclusions arrived at by DRS. WILLIAM H. PARK and ARTHUR R. GUERARD (*Philadelphia Medical Journal*, September 10 and 17, 1898), based on a series of experiments with formaldehyde in its various forms and with the several methods recommended for its dissemination, are that dwellings may be superficially disinfected when all apertures are tightly closed and the agent is employed in the proportion of not less than 1 per cent. volume strength; with exposure of not less than two hours and a temperature not below 52° F., all common non-sporebearing pathogenic bacteria are quickly destroyed when freely exposed, but sporebearers, such as anthrax bacilli, require at least twice as much of the gas; that the penetrative power of the gas is extremely limited, even under the most favorable conditions; that bedding, carpets, and the like, require special treatment; that the most delicate colors and fabrics, furs, leather, and other articles which are injured by steam and hot air and other disinfectants, are unaffected by formaldehyde; that books may be satisfactorily disinfected in a special apparatus when arranged to stand as widely open as possible on perforated wire shelves, but not elsewhere or under other conditions; that the bindings, illustrations, and print of books are in no way affected by the action of the gas; that the agent is superior to sulphur dioxide as a disinfectant because of its greater efficiency and rapidity of action, of its exerting less injury to household goods, of its lesser toxicity to the higher forms of animal life, and because of the lesser danger of fire; that it is the best disinfectant at present known for the disinfection of infected dwellings, and that, while inferior in penetrative power to steam and dry heat at 230° F., it is better adapted for the disinfection of fine wearing apparel, furs, leather, upholstery, books, and the like, than any other disinfectant.

DR. ALFRED MÖELLER (*Kobert, Görbersdorfer Veröffentlichungen I.*), experimenting with pastilles of trioxymethylene and Schering's lamp, using 1.5 to 2 grammes to the cubic metre of air-space, reports favorable results in the disinfection of exposed objects infected with tuberculous sputum, ordinary